

Our vision is a community where children and youth are safe, valued and heard, empowering them towards strong futures.

Board of Directors Candidate Application

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

1. Why would you like to be a Child Witness Centre Board Member?

2. Please check all the skills, experience and interests that apply to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Business development | <input type="checkbox"/> Information technology | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Education, training | <input type="checkbox"/> Legal, justice system | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Management, leadership | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing | _____ |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Non-profit experience | _____ |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Policy development | _____ |

3. What aspects of your work experience, skills and interests that you've identified would be assets to the Child Witness Centre?

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valued and heard, empowering them towards strong futures.*

4. Raising funds is an important part of what the Child Witness Centre Board currently does, and members are expected to be supportive of these activities. Are you prepared to participate in fundraising activities and if so how?

5. Please list any organizations or groups you've been involved with or have a connection to, past or present.

6. Do you participate in social media?

LinkedIn Facebook Other

Twitter Instagram

7. I confirm that I am:

- an individual
- 18 years of age or older
- a person who has not been found incapable of managing property under the Substitute Decisions act, 1992 or the Mental Health Act
- a person who has not been found incapable by any court in Canada or elsewhere
- not an undischarged bankrupt



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8. By submitting this application form and related material, you are giving the Child Witness Centre permission to collect your personal information and to contact you using the information provided. You agree that the Child Witness Centre's use, disclosure and retention of your personal information shall be in accordance with the Child Witness Centre's Privacy Policy available for review at <http://childwitness.com/>.

I acknowledge that: (i) all information provided herein is accurate and (ii) I have read and agree to the terms of this application.*

Signature: _____

Date: _____

*You can also indicate acceptance of the terms of this application by submitting the document package electronically to the Child Witness Centre at kim.rodriques@childwitness.com. You agree that such submission is the legal equivalent to your handwritten signature on this application form.

When you submit this application form, please include:

- **your resume, and**
- **two references.**

Prior to joining the Board of Directors of the Child Witness Centre, you will be required to submit a police background check.

Please email your completed application form to: kim.rodriques@childwitness.com

We provide support, education and advocacy for children and youth who are or may become victims or witnesses of abuse or crime.

Our caring, compassionate professionals walk with children and youth on their journey through the criminal justice process, helping them have a voice and fostering healing, hope and wellbeing.